

<b>Case Number:</b>	CM15-0149848		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented a 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 23, 2012. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve a request for a lumbar radiofrequency ablation procedure. The claims administrator referenced an RFA form received on July 9, 2015 in its determination, along with office visit of April 1, 2015, May 1, 2015 and June 29, 2015. The claims administrator did not seemingly incorporate any guidelines into its rationale. The claims administrator contended that the applicant had failed to profit from earlier lumbar medial branch blocks. The applicant's attorney subsequently appealed. On August 21, 2015, the applicant reported multifocal complaints of neck, back, and bilateral wrist pain, 7/10. The attending provider stated that the applicant had received lumbar radiofrequency ablation procedure and/or an epidural injection on August 12, 2015 and had derived appropriate analgesia from the same. Hyposensorium was noted about the L5-S1 distribution, it was reported. The attending provider referenced electrodiagnostic testing of February 13, 2013 demonstrating a chronic bilateral L5 radiculopathy. The applicant was asked to continue various medications including Naprosyn, Prilosec, and Lyrica. A lumbar radiofrequency ablation procedure and transportation to and from the same were sought. Permanent work restrictions were endorsed. The attending provider suggested that the applicant was already permanent and stationary, but was working full time. On August 12, 2015, the applicant received lumbar medial branch block radiofrequency neurotomy procedures at the L3, L4, L5-S1 levels. On June 26, 2015, the applicant reported 4 to 7/10, neck, back and bilateral wrist pain. The applicant was

using Prilosec, Flexeril, Naprosyn, Lyrica, and Celexa, it was reported. The applicant was given diagnoses which included lumbar radiculopathy, lumbar facet syndrome, cervical strain, and carpal tunnel syndrome. The applicant exhibited hyposensorium about the L5-S1 distribution, it was reported. The note was very difficult to follow and mingled historical issues with current issues. The attending provider acknowledged that the applicant had had earlier electrodiagnostic testing which demonstrated a chronic bilateral L5 radiculopathy. It was again suggested that the applicant was working full-time at the bottom of the note.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Right L4-L5 and L5-S1 sacral ala radiofrequency ablation of the lumbar spine as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 619 1.

**Decision rationale:** No, the lumbar radiofrequency ablation procedure performed on August 12, 2015 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, pages 300-301, lumbar facet neurotomy produced "mixed results." The attending provider failed to furnish a clear or compelling rationale for selection of a radiofrequency ablation procedure/radiofrequency facet neurotomy procedure in the face of the tepid position on the same set forth in the MTUS Guideline in the ACOEM Chapter 12, pages 300-301. While the Third Edition ACOEM Guidelines Low Back Chapter notes that there is no recommendation for or against the usage of radiofrequency neurotomy/radiofrequency ablation procedures for applications with chronic low back pain confirmed with diagnostic blocks who do not have radiculopathy and who have failed conservative treatment, here, however, the applicant was described as having active radicular signs and symptoms on various dates, including on August 21, 2015 and on June 26, 2015. The primary stated diagnosis on June 26, 2015 was, in fact, lumbar radiculopathy. The applicant exhibited hyposensorium about the left L5-S1 distribution; it was reported on that date. The applicant was using Lyrica, presumably for residual lumbar radicular pain complaints. The applicant had earlier electrodiagnostic testing of February 2013 demonstrating chronic bilateral L5 radiculopathy, the treating provider reported on a progress note of August 21, 2015. The lumbar radiofrequency ablation procedure at issue, thus, was not indicated in the radicular pain context present here, per the Third Edition ACOEM Guidelines. Therefore, the request was not medically necessary.